

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-475)						SERIAL NO. <b>10/088265</b>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER AMENDMENT		AFTER AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

  

AS FILED		AFTER AMENDMENT		AFTER AMENDMENT							
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

  

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS